

2011 PATH Program Site Visit Monitoring Tool Attachment A

Site Visit Date:
PATH Provider Agency:
Contact Person:
Region:

I. Personnel and Staff Development

1. Is there a PATH Program Director or individual who is administratively responsible for PATH? ☐ YES ☐ NO

If Yes, please provide:

Name:

Title:

Credentials (degree/experience):

2. What is the staffing pattern of the program?

Name of Staff	Position	Functions	Qualifications (MHP, MA, BA, Consumer)	FTE%

3. Identify the staff turnover rates in the past 12 months within this program.

4. Is there a PATH orientation/training curriculum?, ☐ YES ☐ NO
 If Yes, what does it consist of?

5. Is there evidence that orientation/training was provided to PATH staff prior to assumption of duties?

☐ YES ☐ NO

If Yes, who provided the training?

If No, are there plans to provide training to PATH staff in the coming year?

6. Is there evidence that an agency staff development program is in place?

☐ YES ☐ NO

If Yes, have the following topics been addressed?

-Major Mental Illnesses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-Substance Abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-Co-Occurring Substance Abuse/Mental Illness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-HIV/AIDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-Recovery and Community Integration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-Community Resources	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-Benefits Acquisition (SSI/SSDI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

-Housing
 -Employment
 -Crisis Intervention
 -Other Topics (list)

☐YES ☐NO
☐YES ☐NO
☐YES ☐NO

II. Policies/Procedures/QA & I Activities

7. Is there a PATH Program specific Policy and Procedures Manual?

☐YES ☐NO

If Yes, where is it kept?

If No, are there PATH Program specific policies and procedures included as a part of the agency-wide manual?

☐YES ☐NO

8. Is there an internal procedure for reporting PATH-related incidents?

☐YES ☐NO

9. Is there a PATH specific Quality Assurance & Quality Improvement process?

☐YES ☐NO

10. Is a PATH Program satisfaction survey used to gather input from those receiving PATH services?

☐YES ☐NO

If No, then do you have plans to develop one?

11. Have any modifications been made to PATH service delivery as a result of QA & I findings or consumer satisfaction results?

☐YES ☐NO

If Yes, please give examples:

12. Are there confidentiality procedures in place?

☐YES ☐NO

III. Services

13. Does each PATH client have an individual record identifying PATH services separate from all other services?

☐YES ☐NO

14. Which of the following services are provided by your agency using PATH funding?

☐Outreach ☐Staff Training
☐Case Management ☐Housing Services
☐Linkage to Community Mental Health ☐SOAR SSI/SSDI

15. What is the documentation for each of the above services you are contracted to provide?

Activity	Documentation	Other
Outreach	<input type="checkbox"/> Daily Log	<input type="checkbox"/> Other (Specify)

Case Management	<input type="checkbox"/> Demographics <input type="checkbox"/> Narrative Progress Note	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> Treatment Plan
Housing Services	<input type="checkbox"/> Demographics <input type="checkbox"/> Narrative Progress Note	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> Treatment Plan

16. Which of the following PATH eligible Housing Services are provided?

- ☐ Minor renovation, expansion, and repair of housing
- ☐ Planning of housing
- ☐ Technical assistance in applying for housing
- ☐ Improving the coordination of housing services
- ☐ Security Deposits
- ☐ Costs associated with matching eligible homeless individuals with appropriate housing situations
- ☐ One-time rental payments to prevent eviction
- ☐ N/A, do not contract to provide PATH funded Housing Services

17. Is there documentation available to support the reported monthly and year-to-date Housing Coordinator Expenditures?

- ☐ YES
 ☐ NO
 ☐ NA

If Yes, give examples of supporting documentation:

- ☐ Invoices
- ☐ Expense Reports
- ☐ Meeting Notices or Minutes of Housing Meetings Attended
- ☐ Clinical documentation regarding client-specific housing service

18. Does the PATH provider participate in their local Continuum of Care process?

- ☐ YES
 ☐ NO

If Yes, please describe extent of participation:

Homeless Definition (2004 RFA)

The State PATH-related operational definition for a homeless individual must be as restrictive as the PHS legislative definitions as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.”

“Definitions of imminent risk for homelessness commonly include one or more of the following criteria: doubled-up living arrangement where the individual’s name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.”

IV. Fiscal Management

19. Is the utilization of PATH funds the same as outlined in the most recent proposed Budget?

☐ YES

☐ NO

If NO, please explain:

20. Is there evidence that PATH funds are being used for individuals who meet the definition of homelessness or at imminent risk of homelessness?

☐ YES

☐ NO

V. Cultural competency

21. What efforts have been made to recruit and hire staff with diverse cultural backgrounds?

22. Has the program identified local non-English consumer populations?

☐ YES

☐ NO

If Yes, what are the defined non-English languages?

23. Does the program provide services in these languages?

☐ YES

☐ NO

If No, how does the program access interpreter when needed?

24. Does the program have translations of written materials in the identified languages?

☐ YES

☐ NO

VI. Consumer Involvement

25. Does the PATH agency employ consumers as staff?

☐ YES

☐ NO

If No, are there any future plans to do so?

26. Are consumers involved in policy and program decisions?

☐ YES

☐ NO

If Yes, how?

VII. Process Questions for PATH Provider

Outreach

27. What percentage of overall staff time is dedicated to the provision of PATH funded Outreach?

28. Describe outreach activities conducted by PATH staff.
29. Where does outreach occur?
30. What is considered an outreach contact and how are those figures kept?
 - a) How does such counting address duplication of consumers?
 - b) At what point is someone considered enrolled in services?
31. On average, how many outreach contacts occur before enrollment into services?
32. What is the average time between the first contact and enrollment?
33. What percentages of outreach contacts take more than one year to enroll?
34. What is your most effective outreach strategy to reach the “hardest to serve”?

Caseload

35. What percentage of overall staff time is dedicated to the provision of PATH funded Case Management service?
36. What is the average number of new CM enrollments per month per FTE?
37. What is the average CM caseload size per FTE?
38. What is the average length of PATH CM enrollment before discharge into a non-PATH mainstream service?
39. What percentage of PATH CM enrolled clients are transitioned to non-PATH mental health mainstream services?

Housing

40. What housing programs most frequently serve your PATH individuals?

41. What types of housing programs are the most successful with your consumers?

Program Operation

42. Where do new referrals/admissions come from?

43. Describe the current population of homeless individuals served.

44. Is an individual treatment service plan prepared for each consumer and updated on a regular basis?

45. What are the hours of operation?

46. What are the strengths of your PATH funded program?

47. What are the weaknesses?

48. Are you tracking outcome measures?

☐ YES

☐ NO

If Yes, what are they?

VIII. Training/Technical Assistance

49. What training/technical assistance needs does the PATH provider identify (list)?

50. Describe the fiscal controls in place for PATH funds? What are your fiscal controls for discretionary funds?